

Service Name	<b>COMMUNITY TREATMENT AIDE</b>
Setting	Natural environment is primarily the individual's home but may also include a foster home, school or other appropriate community locations conducive for the delivery of Community Treatment Aide (CTA) services per the service definition.
Facility License	Providers will maintain licensure as directed by the Nebraska Department of Health and Human Services.
Basic Definition	CTA services are supportive interventions designed to assist the individual and parents or primary caregivers to learn and rehearse the specific strategies and techniques that can decrease the severity of, or eliminate, symptoms and behaviors associated with the individual's mental illness that create significant impairments in functioning.
Service Expectations (basic expectations for more detail see Title 471 chapters 20 and 32	<ul style="list-style-type: none"> <li>• An Initial Diagnostic Interview (IDI) will be completed prior to the beginning of treatment and will serve as the initial treatment plan until the comprehensive plan of care is developed.</li> <li>• Outpatient services shall be provided by licensed practitioners whose scope of practice includes mental health and/or substance use disorder services.</li> <li>• The individual's CTA plan shall be a part of the comprehensive treatment plan developed by the individual's outpatient psychotherapy provider and be developed in close collaboration with the therapy provider.</li> <li>• The CTA treatment plan will be reviewed and updated every 90 days or sooner as medically necessary and demonstrate collaboration with the outpatient therapist.</li> <li>• Treatment interventions should be based on the comprehensive assessment and focused on specific treatment goals inclusive of the culture, expectations and needs as identified by the individual and their parent/caregiver.</li> <li>• The CTA staff are expected to provide interventions which may include: parent instruction, de-escalation techniques, behavioral management techniques, coping skills, and social and life skills development.</li> <li>• CTA services shall not be used in place of a school aide or other similar services not involving the parent.</li> <li>• CTA services shall be delivered under the direction and supervision of the therapist providing family and/or individual therapy.</li> <li>• The Supervising Practitioner will provide monthly supervision and direction to the CTA therapist. This contact may be by telephone and shall be documented in the member's treatment record.</li> <li>• The parent/caregiver is fully engaged during all CTA services.</li> <li>• Clinical direction by a licensed professional working with the program to provide clinical direction, consultation and support to community support staff and the individuals they serve. The clinical director will review individual clinical needs every 30 days. The review should be completed preferably face to face but phone review will be accepted. The review may be accomplished by the supervisor consulting with the worker on the list of assigned individuals and identifying any clinical recommendations in serving the individual.</li> </ul>
Length of Service	Length of service is individualized and based on clinical criteria for admission and continuing stay, as well as the individual's ability to make progress on individual treatment/recovery goals.
Staffing	<ul style="list-style-type: none"> <li>• The clinical director may be a Physician (MD or DO), physician assistant or an Advanced Practice Registered Nurse (APRN) with experience in psychiatry or addiction medicine; a Psychologist; a Registered Nurse (RN); a Licensed Independent Mental Health Practitioner (LIMHP); a Licensed Mental Health Practitioner (LMHP) or a Provisionally Licensed Mental Health Practitioner (PLMHP).</li> </ul>

	<ul style="list-style-type: none"> <li>• The therapist shall be a licensed Physician (MD or DO) or an APRN with experience in psychiatry or addiction medicine, a Psychologist, a provisional Psychologist, a LIMHP, or a LMHP. The CTA may be a PLMHP or a provisionally licensed psychologist only if employed by an accredited organization.</li> <li>• The direct care staff shall have either a bachelor's degree in psychology, social work, child development or two years post-high school education in human services with one to two years of direct experience working with youth in mental health/substance abuse disorder services.</li> <li>• All staff should be educated/trained in recovery principles and trauma informed care.</li> </ul>
Staffing Ratio	Supervising practitioner, clinical director, therapist to CTA and CTA to individual served: adequate to meet program expectations. One CTA may serve multiple individuals.
Hours of Operation	The CTA service will be available during times that meet the need of the individual and their family to include after school, evenings or weekends or both. The service provider will assure that the individual and parent/caregiver have on-call access to a mental health provider 24 hours, seven days per week.
Desired Individual Outcome	<ul style="list-style-type: none"> <li>• The individual has met their treatment plan goals and objectives.</li> <li>• The precipitating condition and relapse potential is stabilized such that individual's condition can be managed without professional external supports and interventions.</li> <li>• The individual has alternative support systems secured to help the individual maintain stability in the community.</li> </ul>
Admission guidelines	<ul style="list-style-type: none"> <li>• An established DSM (current edition) diagnosis which requires and will respond to therapeutic intervention.</li> <li>• Presence of psychological symptoms that require this level of care.</li> <li>• The individual is enrolled in active outpatient treatment with a licensed therapist.</li> <li>• The individual would require a more restrictive treatment environment without the services of a CTA.</li> <li>• The individual is medically stable and does not require the 24-hour medical/nursing monitoring or procedures provided in a hospital level of care.</li> <li>• The usual caregiver of the individual shall be available in the treatment setting.</li> <li>• The individual is to have sufficient medical need for active psychiatric treatment.</li> <li>• Of all reasonable options for active psychiatric treatment available to the individual, treatment in this program is to be the best choice for expecting a reasonable improvement in the individual's psychiatric condition.</li> <li>• The IDI will identify the need for this level of care for the individual.</li> </ul>
Continued stay guidelines	<p>All of the following guidelines are necessary for continuing treatment at this level of care:</p> <ul style="list-style-type: none"> <li>• The individual's condition continues to meet admission guidelines for this level of care.</li> <li>• The individual does not require a more intensive level of care, and no less intensive level of care would be appropriate.</li> <li>• There is reasonable likelihood of substantial benefit as a result of active continuation in the therapeutic program, as demonstrated by objective behavioral measurements of improvement.</li> <li>• The individual is making progress toward goals and is actively participating in the interventions.</li> </ul>